



City: Flagstaff, AZ	Date:
Installer:	
Time In:	Time Out:

Business Name: _____

Installation Address: _____

Contact Name: _____

Owner Name: _____

Water Provider: _____

Franchise:
☐ Yes ☐ No

Additional Sites:
☐ Yes ☐ No

City: _____

Zip: _____

Phone: _____

Phone: _____

Account #: _____

Water Meter Info: ☐ Individual Meter ☐ Combined Meter ☐ Multiple Meters

Notes:

SITE DATA

Food Service Type: <input type="checkbox"/> Full Service <input type="checkbox"/> Limited Service <input type="checkbox"/> Cafeteria/ Buffet <input type="checkbox"/> Central Food Service Other: _____	Establishment size: <input type="checkbox"/> Very Small= 1-9 FT Emp. <input type="checkbox"/> Small = 10-50 FT Emp. <input type="checkbox"/> Medium = >50 FT Empl <input type="checkbox"/> English <input type="checkbox"/> Other	Food Services: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Hours of operation Per Day: _____
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SITE SURVEY

# Exist PRSV ____	# LFPRSV ____	# PRSV Remvd: ____	Avg PRSV Hours: ____	LF <input type="checkbox"/> Fisher <input type="checkbox"/> Niagra
Water Heater Info: Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric Size: _____ Energy Provider: _____			Dishwasher Info: Dishwasher type? <input type="checkbox"/> Door <input type="checkbox"/> Conveyor Manufacturer _____ Model _____ Age of Dishwasher? <input type="checkbox"/> 0-1Yr. <input type="checkbox"/> > 1Yr.	
Toilet Info: Low flow (\leq 1.6GPF)? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Urinals ____ No Flush? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ice Maker Info: Cooling System? <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Unknown Manufacturer _____ Model _____	

By initialing you agree to waive liability and give consent to replace the pre-rinse spray valve FREE of charge and release your old valve to the installer _____

Comments: _____

By signing below, you acknowledge the spray valve is installed and working upon departure and you will not be charged for the valve or installation.

Signature _____

Date _____

For any questions please contact the AZ Rinse Smart Program at (602) 771-8423.